The Awards & Frame Company

PICTURE FRAMING ORDER / LAYOUT FORM

Customer: _____ Email: _____ Date: _____ Due Date: _____

Phone Number: _____

ART DESCRIPTION _____ _____ **ART SIZE**: ____ x _____	**FRAME NAME: _____** Frame #: _____ Frame Size: _____ x _____ Frame Vendor: _____	**GLASS** ☐ Clear ☐ U/V CC ☐ Non-Glare ☐ Plexi ☐ Other: _____	**FOAM CORE** ☐ Standard ☐ Acid Free ☐ Black ☐ Other: _____
MAT 1 Mat #: _____ Color: _____	**MAT 2** Mat #: _____ Color: _____	**MAT 3** Mat #: _____ Color: _____	**SPACERS** ☐ None ☐ Yes
MOUNTING ☐ Dry Mount ☐ Hinge Mount ☐ Float Mount ☐ Stitch / Sew ☐ Canvas Stretch ☐ Other: _____	**FIT & FINISHING** ☐ Fit Only ☐ Paper Back ☐ Wire ☐ D-Rings ☐ Sawtooth ☐ Easel Back ☐ Other: _____	**ENGRAVING** ☐ None ☐ Yes (attach engraving layout form)	**METAL CORNERS** ☐ None ☐ Yes

SPECIAL INSTRUCTIONS / NOTES

_____

_____

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I authorize The Awards & Frame Company to perform the framing work described above. I understand that custom framing may involve handling, mounting, trimming, attaching, or otherwise altering artwork or materials as necessary to complete the work. While reasonable care will be taken with all customer property, I acknowledge that older, fragile, valuable, or previously damaged items may be subject to deterioration or damage during the framing process. I accept these inherent risks and authorize the work to proceed.

Customer Signature: _____ Date: _____ Sales Person: _____